

Dr Carol Adelaye

# Beaconsfield Dental Practice - Staplehurst

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 16 January 2024 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. The majority of appropriate medicines and life-saving equipment were available.

# Summary of findings

- The practice had some systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. However, improvements were needed.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was generally an effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

Beaconsfield Dental Practice - Staplehurst is part of Dr Carol Adeleye, a dental group provider.

Beaconsfield Dental Practice - Staplehurst is in Kent and provides NHS and private dental care and treatment for adults and children.

The practice is located within a health centre. There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 trainee dental nurses, 1 dental therapists, 1 practice manager, 2 administrators and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 trainee dental nurse, the practice manager and the practice owner. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm.

There were areas where the provider could make improvements. They should:

- Improve the practice's risk management systems for monitoring and mitigating the various risks arising from the carrying on of the regulated activities. In particular, fire safety, radiation, and service level agreements between the provider and health centre.
- Implement an effective system for recording, investigating and reviewing accidents, incidents and significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

# Summary of findings

- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

We found this practice was providing safe care in accordance with the relevant regulations.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had safeguarding processes. However, the practice did not have a process in place for children that 'Was Not Brought.' Recording or noting 'Was Not Brought' enables a practitioner to consider the reasons why a child was not brought to an appointment, the implications for them not having been brought, and assess the potential risks or safeguarding concerns for them, especially if there is a repeat pattern of non-attendance.

The practice had infection control procedures which reflected published guidance. However, the infection control policy did not mention staff training requirements and frequency of training updates, who the infection control lead was and their responsibilities. The practice did not have an infection control lead.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured the majority of the facilities were maintained in accordance with regulations.

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A fire safety risk assessment was carried out in line with the legal requirements. However, the last risk assessment was carried out in 26/09/2022. There was no evidence this had been reviewed. We raised this with the provider; they explained there was a service level agreement in place and it was the responsibility of the health centre to complete the fire risk assessment. They told us a risk assessment had been completed recently but was unable to show evidence of this.

A fire marshall was in place but the relevant training had not been completed regularly. The majority of staff had not completed training in fire safety. Following the inspection, we saw evidence this had been completed.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. Critical examination and acceptance tests were carried out for X-ray machines on 08/01/2024. It was recommended that exposure times are significantly reduced to keep doses within The National Diagnostic Reference Levels, in liaison with the practice's Medical Physics Expert. This was not actioned immediately to reduce the risk to patients. Following the inspection, the provider confirmed that they contacted The Medical Physics Expert and the dosage of the X-ray machine had been adjusted.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety.

# Are services safe?

The majority of emergency equipment and medicines were available and checked in accordance with national guidance. There were several items that were not available such as a child self-inflating bag, long needles for the adrenaline. In addition to this, the aspirin was not dispersible and only one buccalam syringe was available. Following the inspection, the provider confirmed they had ordered the missing items.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. However, data sheets were not easily accessible. Following the inspection, the provider confirmed data sheets would be available on each computer for easy access.

## **Information to deliver safe care and treatment**

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. However, the antibiotic prescribing audit did not take into account most recent guidelines.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accident. However, this was not always followed. We saw an accident book was in place and had several entries. There was no evidence that incidents had been investigated.

The practice had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found this practice was providing effective care in accordance with the relevant regulations.

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed patient care records in line with recognised guidance. However, we noted clinicians were not recording risk assessments (perio/caries/cancer/tooth wear) consistently.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. However, not all staff had completed autism awareness training. The provider was not aware that it was a legal requirement that all registered health and social care providers must provide training for their staff in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability. Following the inspection, we saw evidence this was completed.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance. However, we noted a limited number of records were sampled. We discussed the benefits of increasing the number of records reviewed to further identify possible areas of improvement.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Some staff had not completed sepsis, fire, legionella and autism awareness training regularly. Following the inspection, we saw evidence this was completed.

Newly appointed staff did not always have a structured induction. Clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# Are services caring?

## Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

Clinical staff explained the methods used to help patients understand their treatment options. These included X-ray images.



# Are services responsive to people's needs?

## Our findings

We found this practice was providing responsive care in accordance with the relevant regulations.

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments for patients with additional needs. This included step free access to treatment rooms and accessible toilet facilities. The practice owner was trained to communicate using British Sign Language. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability**

The practice staff demonstrated a transparent and open culture in relation to people's safety.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions. Where issues were identified, they were addressed on the inspection day or we were assured these would be addressed.

During the inspection, we found staff were open to discussion and feedback. We noted improvements should be made to the oversight of the leadership team to ensure that the practice's systems and processes were consistently followed.

The practice had a service level agreements in place with the health centre for Legionella and fire safety. A Service Level Agreement is the part of a contract which defines exactly what services a service provider will provide and the required level or standard for those services. However, further checks had not been carried out to ensure actions had been completed by the health centre.

The information and evidence presented during the inspection process was not clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during practice team meetings and ongoing informal discussions. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

# Are services well-led?

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.